

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018891

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 144Primary Registration District No. 1002Registrar's No. 2631

FILED JUN 8 1962

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF
Harold A. Burke, MD
DURE, MD
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>35 years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1505 Lexington Court</u>		d. STREET ADDRESS (If outside, give location) <u>1505 Lexington Court</u>	
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>MAY</u> Last <u>BROWN</u>		4. DATE OF DEATH Month <u>May</u> Day <u>12</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>5/8/1907</u>
9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Linen Sorter - Scotts Linen Supply</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lawrence, Kansas</u>	
11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Goff</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Mitchell</u>	
14. NAME OF HUSBAND OR WIFE <u>James F. Brown</u>		Address <u>Kansas City, Missouri</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT <u>Claire Goff, 1505 Lexington Court</u>		Address <u>Kansas City, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion, Massive, Acute, Anterior</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 Min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Generalized, Moderate</u>		<u>5 yrs.</u>	
DUE TO (c) <u>Coronary Arteriosclerosis, Moderate,</u>		<u>2 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Obesity, Marked, exogenous, Generalized</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>None</u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>	
20c. TIME OF INJURY Hour <u>None</u> a.m. <u>none</u> p.m. <u>none</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>None</u>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		20f. CITY, TOWN, OR LOCATION <u>None</u>	
21. I attended the deceased from <u>July 1947</u> to <u>Present</u> and last saw her alive on <u>5-11-62</u> Death occurred at <u>11:15 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. ADDRESS <u>1019 Argyle Bldg.</u>	
22. SIGNATURE <u>Harold A. Burke, MD</u>		22c. DATE SIGNED <u>5-14-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 15, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clinton Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Douglas Co., Kansas</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons, Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-15-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth A. Long</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

W. H. A. Burdette
1019 Euclid Bldg.

Receivers

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold P. Reich

Licensed Embalmer No. 4998

P. O. Address K. C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.